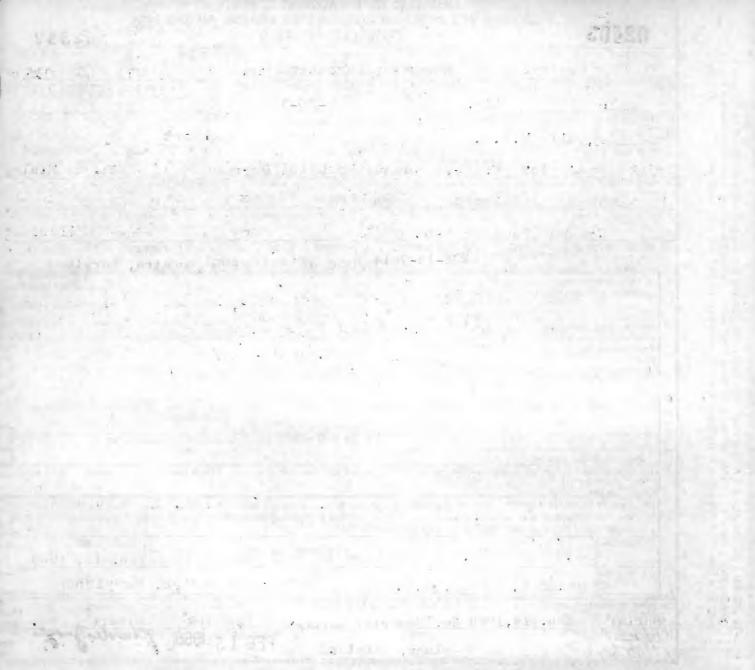
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02405 CERTIFICATE OF DEATH 02392 DECEASED-NAME First Middle Lost 20. DATE OF DEATH è 2b. HOUR l ond 2 24 hours after death. (Type or print) George Meade Barbehenn Sr 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (in years DAYS lost birthdoy) white 4-20-14 male burial-transit permit. Then please remave carbon popersmete, burial, cremotion, or removal, and in any event, within 12 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔯 NEVER MARRIED completely filled in Calvert Virginia U.S.A. WIDOWED | DIVORCED [West 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within calvert County Hospital Foreman life, even if retired.) Silica Mining Prince Frederick 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Calvert YES NO X Dunkirk 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last Middle Lost Miller Paul Mary Howard Barbehenn physician 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, grunknown) (If yes give war or dates of service) 236-14-7814 June Whittington Dunkirk, Maryland 18. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove: rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cousei collicer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been detached far use as the e Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M State Dept. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from Feb. 6, 1968, to Feb. 11, 1968, that (1) (we) last Poge 4 may be retained by þe saw the deceased alive an Feb. 11 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abaye, (1) (wg) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. Feb. 12, 1968 PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Frederick. Maryland Ersoy, Osman 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) Reb. 14,1968 So. Memorial Gardens 9 Dunkirk Calvert Md. 250. RECIDER REGISTRAR 1968b. RECOMPANY SIE COM 24. FUNERAL-DIRECTOR VR A15 eneral Homlowings, Maryland 30M REV. 1/68 DATE



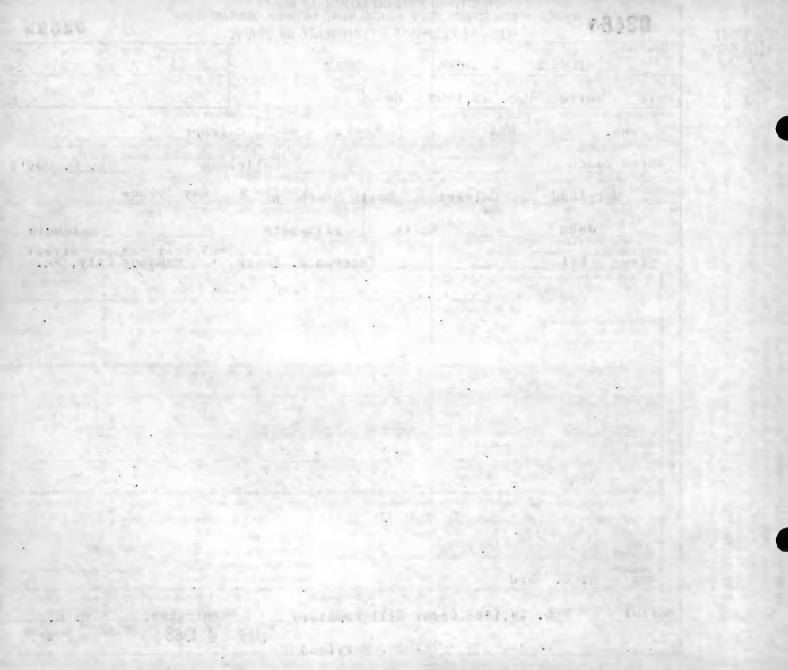
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02393 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20 DATE KNOWN D Month (Type or Print) ESTI-DEATH MATED IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX pup MARRIED MEVER MARRIED 9. COUNTY OF TEATH 7o. BIRTHPLACE (State or foreign WIDOWED F DIVORCED F Pages OR TOWN OF DEATH Item 18. Give alang death. odmission) STATE Office ofter 14. FATHER'S NAME e certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's haurs 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMID FORCES? File APPROXIMATE INTERVAL within BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE event DUE TO. burial-transit Conditions, if any, which gove RKSION rise to immediate cause (a), should stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OLSASE OR CONDITION GIVEN IN PART 1(0) certificate 0 90 removal 20. AUTOPSY? WAS PERFORMED? the certificate, 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy FUNERAL DIRECTOR: and in my opinion Inquiry Inspection director. Natural courses Suicide death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL the funeral SIGNATURE DEPUTY MEDICAL EXAMINER Health ADDRESS(Street, city, town, or county) 50 BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. 10CATION (City or Town) DATE (County) 256. REGISTRAR'S SIGNATURI **FUNERAL DIRECTOR** VR A15ME (5) 10M REV. 1/68

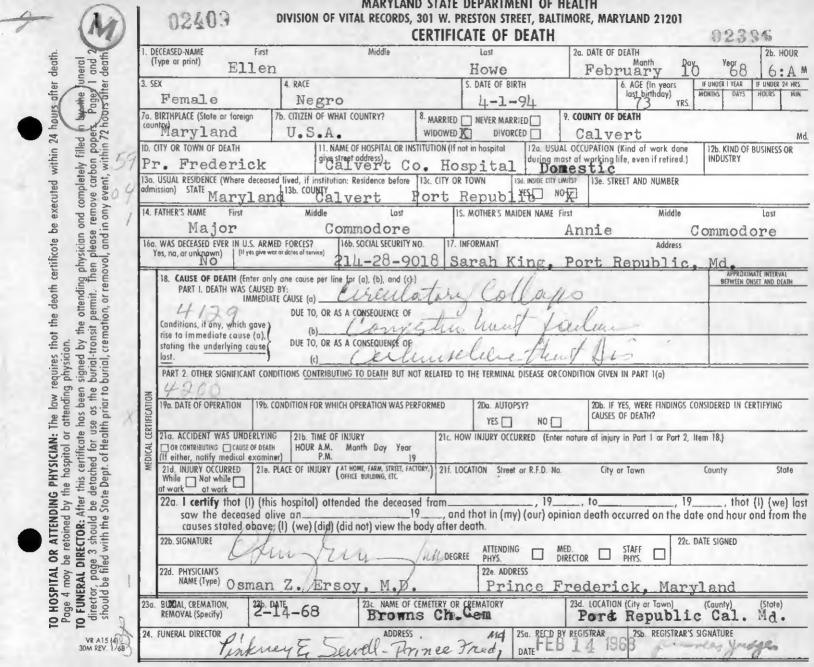
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02394 Film G398 3/19/68 kk CERTIFICATE OF DEATH 68 2b. HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH < requires that the death certificate be executed within 24 hours after death. funeral (Type ar print) Manth Day Year Carie N. Dixson 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAYS C Sept. 9. COUNTY OF DEATH a. Bin country) Md 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED T DIVORCED [Calvert 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) duting mast of working life, even if retired.) INDUSTRY corban ¥ K Prince Fred. died at home omestic cremotion, or remavol, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Ma 13e. STREET AND NUMBER lived, IT INS.... 13b. COUNTY Ca.] 13d. INSIDE CITY LIMITS? admission) STATE Prince Fred YES NO Z Md15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle Isiah Norris Brooks Sarah 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, ng. gr unknown) (If yes give wor or dates of service) Prince Frederick Md Laura Tyler APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line-(or (a), (b), and (g).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the buriol-transit p burial, cremoti rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been PHYSICIAN: The low 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO 🗆 TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while TO HOSPITAL OR ATTENDING Poge 4 may be retained by th 19 60 , that (1) (we) last 22a. I certify that (I) (this hospital) attended the deceased from 1/6 to 19 68, and that in (my) (our) apinion death occurred an the date and hour and from the saw the deceased alive an director, page 3 should 3hould be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b_DATE -68 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Youngs Chr. Cem Huntingtown Cal Ma 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISIRAR Prince FrederickMd 30M REV. NIG

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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	35
HEALTH GEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Doy Year (Type or Print) OF STI	2b. HOUR
N D B	(Type of Print) MICHAEL JOHN ENGLE DEATH MATED Z 26 18/8	115A
delay Marie 13 3	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 HRS 2c. DATE PRONOUNCED DEAD loss birthday) MONTHS DAYS HOURS MIN. Months	2d. HOUR
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with with Exam Exam File	Steven J. Engle Mananoy City, P	'a
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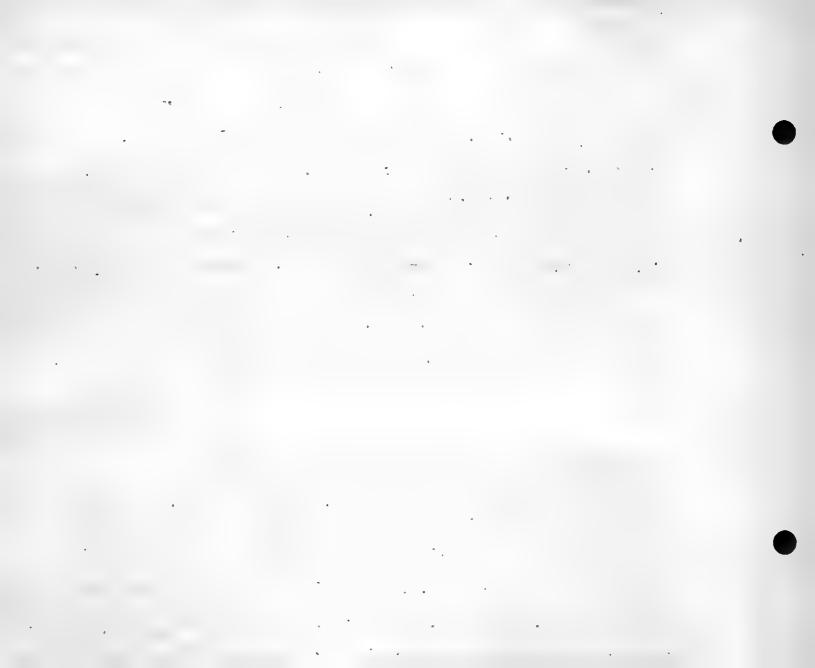


1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02339
HEALTH DEPT.		DECEASED NAME & First , Mode Lost 20 DATE KNOWNED Month I	Day Yeor 25 HOUR
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the certification of the certi	MEDICAL	CAUSE OF DEATH PM 19	
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TO UTER necessor the fune 5 may b TO FUNEN Health	230	BURIA_ CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d SOCATION (City or Jown)	County) (State)
9	24.	FUNEFAL DIRECTOR / ADDRESS 250 RECD BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
VR A15ME (S)			res Judges



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	32413 CERTIFICATE OF DEATH	2400
€ • • • • • •	1. DECEASED NAME First Middle Last 2a. DATE OF DEATH (Type or print) Manth Day Years	2b HOUR
3 3 3 3	George Edward Marquess 2 27 66	B:4000
fer fer	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years is unocrited on the part of t	R IF UNDER 24 HRS.
cuted within 24 hours after ampletely filled in wither every, within 72 haurs after	male white 7-3-90 77 YRS.	13 NOURS MIN.
age of the same	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
n 24 h	Maryland U.S.A. WIDOWED DIVORCED Calvert County	Md.
ii all and iii	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in bosnito) 120 USUAL OCCUPATION (Kind of work done 125 KIND	OF BUSINESS OR
Fig. 5	I TIME TI TOUGHT CK CALVER COUNTY HOSD Farmer Far	rming
ed plet car car	13d. USUAL RESIDENCE (Where deceased eved, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
ecut com ove	admission) STATE NO S	
ex em ex	14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
that the death certificate be executed within 24 an. by the attending physician and campletely filled transit permit. Then please remove carban pape crematian, or remaval, and in any event, within 7	James H. Marquess Mary Jane Birckhead	
cate sicio plea , an	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address	
phy en ava	Yes www 218-12-0755 George W. Marquess Gambrills	
he death ce attending i permit. The	BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
end mit.	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Pneumonia 3 0	lays
att peri	DUE TO, OR AS A CONSEQUENCE OF	
the the mat	Inselto immediate couse (a) (eral yrs.
FE T T T T T T T T T T T T T T T T T T T	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires that the I physician. signed by the c burial transit p		lays
Popular Signatura Physical Phy	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ding ding been the	190 DATE OF OPERATION 1196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20g. IF YES, WERE FINDINGS CONSIDERED IN	CESTIFICA
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the haspital or attending physician. This certificate has been signed by the attending physician and campletely filled in the fustacted far use as the burial transit permit. Then please remove carban papers. Pages I Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 hours after	CHIEFE OF PERTIN	CEKTIFYING
A Substantial X	YES - NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
IAN ficat for The	The Counting Cause of Gearth Hour A.M. Month Doy Yeor F.M. Hour A.M. Month Doy Yeor P.M. Hour A.M. H	
SSPIT SPIT SPIT SPIT SPIT SPIT SPIT SPIT	Ilf either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	Stote
PHY e ho nis o	While m Not while m	31016
JING PHYSICL by the haspite fler this certifi be detached State Dept. of	of work at work 1	at /I) /wa\ tast
OR ATTENDING De retained by the MRECTOR: After 4 e 3 should be ded with the State	22a. I certify that (I) (this haspital) attended the deceased from Feb. 26, 19.68, ta Feb. 27, 19.68, the saw the deceased alive an Feb. 27, 19.68, and that in (my) (aur) apinian death accurred an the date and hair	or and from the
OS BEE	causes stated abave, (1) (we) (dit) (did nat) view the bady after death	
A SE CONTRACTOR	22b SIGNATURE ATTENDING DEGREE PHYS DISPCTOR DISPCTOR PHYS 22c DATE SIGNED 22-28	20
PR PR	The difference of the second o	1=00
TAI TAI Pai De fi	22d. APHYSICIAN'S NAME (Type) Page 12d. ADDRESS	
NER ATT	Page & Jett, M.D. Frince Frederick Maryland	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial transhauld be filed with the State Dept. af Health priar to burial, cred.	23d. BURIAL, CREMATION, REMOVAL (Specify) Burial Mar. 1,1968 Mt. Harmony Chr. Cem Owings Calvert	(State)
13/5	Burial Mar. 1.1968 Mt. Harmony Chr. Cem Owings Calvert 24 FUNERAL DIRECTOR ADDRESS 25G. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE.	Md
VR A15 (4) 30M REV. 1/68	Hutchin Junesal Home Owings, Maryland DATE MAR 4 1988 Julianes	nd gre
	American lastrance 1. Court Bas trait I half the wall of	

MARYLAND STATE DEPARTMENT OF HEALTH





ا در	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8493
HEALTH DEPT.	DECEASED NAME First ser 13 Middle Ost 20 DATE KNOWSET Month Day Voc. 12h House
ay is 3 ta 3 ta Page	(Type or Print) Willis Martin Piere DEATH MARED 2 - 9 1968 8P
delay	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (19 years IF LMDER) YEAR IF JANDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUS
P G G	Male (White 19-15-83 842 985) Feb. 909 F
	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
ages 1, In farm State D	Wilsconsin U.S.A. WIDOWED To DIVORCED Calvert
offer death along with the State Leath	10. (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) UNDUSTRY.
	Foremen Construction
	130 USJA. RESIDENCE (Where deceased I ved if institution Residence before 13c. CITY OR TOWN 3d INSDE CITY LMTS? 13e. STREET AND NUMBER odm ss.on) STATEMARY 1and 3b COUNTY Calvert Ches. Beachts № No □
Hem 18 Office of 1 and 2	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
	unknown unknown
d be executed within 24 d'pending" in pencil in Chief Medical Exam ner's transit permit File pages y event within 72 haurs	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
with per	unknown (f yes gave wor or doles of service) 215-38-3530 Mrs. Albert Adams, Ches. Beach, Md.
be executed with "in per hief Medical Exam ansit permit File permit File perent within 72 !	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (t) PART I DEATH WAS CAUSED BY Couse Service No one to be service to the couse of the couse o
wecu ding fedio perm	IMMEDIATE CAUSE (0)
be en 'pen 'pen 'pen 'pen 'pen 'pen 'pen	Conditions, if any which gove) (b) Conditions, if any which gove) (b)
vard " ne Chi	nse ta immediate couse (o), (b)
shauld be en ward "peron the Chief" of the Chief burial-transit I in any ever	lost,
This certificate should cate, writing the ward be farwarded to the Clebe used as a burial-tr. remaval and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
fica fing rded as	
nis certifi ite, writii farward oe used c	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
his a are, e fa be u	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 2 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21r HOW INJURY OCCURRED (Enter nature of Joy on Part 1 or Part 2 Item 18)
INER: T be certific shauld b files. 3 shauld natian, ar	CAUSE OF DEATH P.M. 19
= 3 + c = 1	WHILE NOT WHILE foctory, office building, etc.)
L EXA ecute Page or you R: Pag	AT WORK AT WORK
ICAL E executor Par ed far CTOR: f burial,	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinior death resulted from: Natural causes, Accident, Suicide, Hamicide Undetermined manner
please e l'directar retained L'DIRECT	
ny, pleaseral direction be retain RAL DIRECTION DE PRINTED PRI	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
ary, neral be ERAL	SYAMINEDICAL EXAMINER 2-10-68
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) Issam El Damalouji, M.D. ADDRESS(Street, city, town, or county) Pr. Fred. Md.
5	230 BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gry of Town) (County) (Stote)
	Burial Feb. 13.1968 Mt. Olivet Cemetery Washington, D. C.
VR A15ME (5)	24 HONERAL DIRECTOR 250 RECORD 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 S.GNATURE
70M REV 1/68	At estehine Juneal Home Owings, Mary 1 WHEB 13 1038



MARYLAND STATE DEPARTMENT OF HEALTH 32416 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 : 2403 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b HOUR aurs after death (Type or print) funeral Month Elizabeth Leila Rawlings burial-transit permit. Then please remove carban papers. Pages 1 ar burial, cremation, ar remaval, and in any event, within 72 haurs after de 3. SEX 4 RACE S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 6. AGE (In years lost_birthday) DAYS HOURS female white 11-2-85 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED TO D.VORCED Calvert County Maryland requires that the death certificate be executed within 24. filled 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress) Calvert during mast of working life, even if retired.) Prince Frederick County Hosp. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN (admission) STATE 13b COUNTY. 13d ENSIDE CITY LAW 123 13e STREET AND NUMBER odmission) STATE Maryland YES. NO EX Frederick vert pub 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Middle Last Rawlings Reverdv Bowen Annie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar µnknawn) (If yes give war or dates of service) 217-56-Virginia Scrivener same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gove) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause in serve PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES 🔲 be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 220. I certify that (1) (this hospital) attended the deceased from Feb. 21, 1968, to Feb. 29, 1968, that (1) (we) last saw the deceased glive on Feb. 29, 1968, and that in (my) (our) opinion death accurred on the date and hour and from the 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 295. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF x DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Roberto Villarrea] St. Leonard. Marvland 230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMAJORY (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1968 VR AT5 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 02417 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02404 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ond (Type or print) Lloyd Garrison Stead 3. SEX 4. RACE S. DATE OF BIRTH 1F TINDER I YEAR IF UNDER 24 HRS 6. AGE (in years last birthday) SHTIMON HOILES 3-8-87 white male 86 YRS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED Calvert County WIDOWED X Michigan 24 od burial, cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address) during mast at working life, even if retired.)

Retired US Government remove corbon Prince Frederick County Hosp. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. 13e. STREET AND NUMBER 138. INSIDE CITY LIMITS? 13b. COUNTY Calvert requires that the death certificate be executed admission) STATE NO 3 Maryland 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle William Wright Stead Lillie ottending physicion permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no. ar unknown) 220-44-0236 Chesapeake Beach. Pat Waldron no 18. CAUSE OF DEATH (Enter only one couse per line or (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) Conditions, if ony, which gave t signed by the burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l GO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 director, page 3 should be detached for use should be filed with the State Dept, of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 2, 1968, to 2, 1968, to 1968, that (I) (we) last saw the deceased alive an 2, 1968, and that in (my) (aur) apinian death occurred an the date and haur and from the couses stated abave, (1) (wa) (did) (did nat) view the bady after death. 22b. SIGNATU 22c. DATE SIGNED MED. DIRECTOR **ATTENDING** DEGREE 2-26-68 PHYS. 22e, ADDRESS 22d. PHYSICIA NAME (Type) Prince Frederick, Md. 20678 Page Jett M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (State) (County) REMOVAL (1989 (1)) a 22-29-68 Mt. Olivet Washington, D. C. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 1968 Francis J 14th_Stn,

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2 -1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		02418 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02405	
HEALTH DEPT.	1. D	ype or Printy) First Jacobard Whiddle White 20. DATE KNOWN Month Day Year 2b. H	OUR
deloy i and 3 t M3. Pog	3. 51		IOUR
T, 2, and T, 2, and T, PM3.	7o. 1	BIRTHPLACE (Syste or faren 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF BEATH TOY) WIDOWED DIVORCED	- 791. - 14
Give Bages ong with for the the State	10.	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life, even if retired.) INDUSTRY,	OP MO
s after death 18. Give Bag s olong with the sta death.	13a.	USUAL RESIDENCE (Where deceded lived, if institution: Residence below) (ITY OR TOWN 198 INSINE CITY UNITS? 138. STREET AND NUMBER	<u> </u>
hours a ltem 18. Office o land 2 w after de		ATHER SNAME First Middle Lost IS. MOTHER'S MAIDEN NAME MIST MIDDLE LOST	
24 1.5 1.5 1.5 1.5	160.	WAS DEFENSED EVER IN U.S. ARMED FORCES? [166. SOCIAL SECURITY NO. 17. INFORMAN] ADDRESS ADDRES	1
I within pencil Examine File poge	()	es, na/Supernown [II yes give wor or dates at service] 21438 4545 Chwirff Ishite finite Funce Fundamental III. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).	
e executed pending" in st Medical Exermit. Fi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TRECUILE OF ORDER OF THE CAUSE (b) TRECUILE OF THE CAUSE (c) TRECUILE (an H
d be executed d "pending" Chief Medical transit permit.		Canditians, if any, which gave rise to immediate cause (a). (b)	
shoul the wor		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
irote ing the ded to os o os o I, and	22	PART & OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION CHEN IN PART 1(a)	
X e e & X	CERTIFICATION	196. CONDITION 196. CONDITION FOR WHICH TO ACTION 20. AUTOPSY? WAS PERFORMED? YES \(\sum \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Third Third I be	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year 22b. HOW INJURY OCCUPAND (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Month, Day, Year 22b. HOW INJURY OCCUPAND (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21c. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 22b. TIME OF INJURY Month, Day, Year 22b. HOW INJURY OCCUPAND (Enter nature of injury in Part 1 or Part 2, Item 1B.)	
CAL EXAMINER: execute the certificor. Page 4 should for your files. CTOR: Page 3 shouburiol, cremotion,	MED	21d. INJURY OCCURRED 21e. PLACE OF PLIVEY (A hame, form, street, while at work at wore work at	2
ICAL EX.		22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, and in my opin	nion
pleose e I director retained DIRECT or to bu		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER .	
ry, perol be r price		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED EXAMINER'S DEPUTY MEDICAL EXAMINER	
O DEPUTY The funers of may be of FUNERA Health pi		NAME (Type) ADDRESS(Street, city, town, or county)	
0 g = ~ 0 = ~		REMOVAL (Specify) 23b. Date 23c. NAME OF CEMETERY OR CREMATORY Carrlls Ch.Cem 23d. LOCATION (City or Town) (County) (State) Barstow Cal.Co. Md.	
8	24.	FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. RECID BY RECIDE BY RECID BY RECID BY REC	
VR A15ME (5) 10M REV. 1/68	1 3	Pinkney E. Seevel Towne Fred, Md DATE FEB 27 1968 John Fred	

